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# HYGIENE

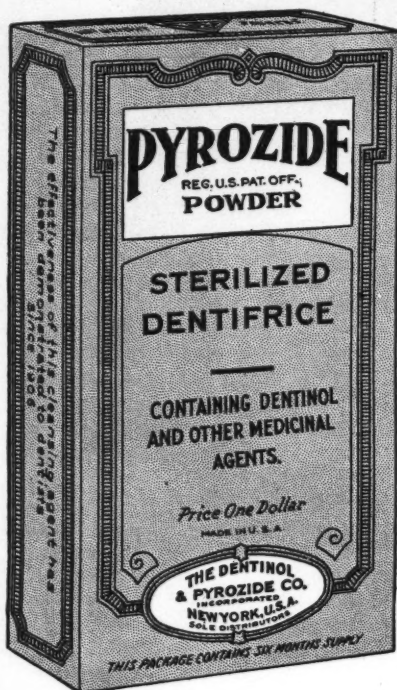
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AUGUST  
1927

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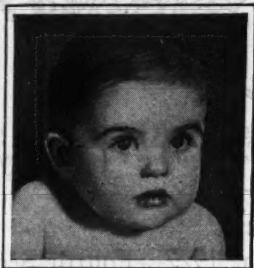
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# ORAL HYGIENE'S CALENDAR



*Notices intended for this department should be sent direct to the publication office of ORAL HYGIENE, 1117 Wolfendale St., N. S., Pittsburgh, Pa. Copy must reach us no later than the first of the month preceding the issue in which it is to appear.*

## SEPTEMBER

September 12th and 13th, 1927—Fourth Semi-Annual Meeting of the Maryland State Dental Association, Hagerstown, Md., Dr. Norval H. McDonald, Secy., 304 Morris Bldg., Baltimore, Md.

## OCTOBER

October 20th to 22nd, 1927—American Academy of Periodontology, Hotel Statler, Detroit, Mich. Dr. J. Herbert Hood, Secy., 624 Hanna Bldg., Cleveland, Ohio.

October 21st and 22nd, 1927—American Society of Oral Surgeons and Exodontists, Statler Hotel, Detroit, Mich. Dr. Frank W. Rounds, Secy.

Week of October 24th, 1927—Third annual meeting of American Dental Assistants Association, Detroit, Mich. Maude Sharpe, General Secy., Suite 1202, 8 West 40th St., New York, N. Y.

October 24th to 28th, 1927—69th Annual Session American Dental Association, Detroit, Mich. Dr. Henry L. Banzhaf, Pres.; Dr. Otto U. King, Gen. Secy.

(Continued on page 1406)

# HEIDBRINK



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(Continued from page 1494)

October 24th to 28th, 1927—American Dental Hygienists' Association, Detroit, Mich. Ethel F. Rice, Secy., 721 North University Avenue, Ann Arbor, Mich.

The National Alumni Association of the Baltimore College of Dental Surgery, Dental School, University of Maryland, will maintain headquarters at the Book-Cadillac Hotel during the meeting of the American Dental Association, October 24th to 28th. All graduates of the Baltimore College of Dental Surgery, Baltimore Medical College, Dental Department and Dental Department of the University of Maryland are requested to visit the rooms during the meeting and register.

F. P. DUFFY, D.D.S., *President*,  
G. E. HARDY, D.D.S., *Chairman*,

#### TRANSPORTATION TO THE ANNUAL SESSION OF THE A.D.A., DETROIT

An Identification Certificate will be sent to each member of the American Dental Association, approximately one month in advance of the meeting. When properly filled out and presented to the local railway agent, it will authorize him to sell a round trip ticket to the member for himself and dependent members of his family, at one and one-half fares. Selling dates for these tickets will be October 15th, 17th, 18th, 19th, 22nd, 24th and 25th, with return limit, November 3rd.

D. C. BACON, *Chairman*,  
Transportation Committee.

#### DECEMBER

The First District Dental Society announces its third *Better Dentistry Meeting* to be held at the Hotel Pennsylvania, New York City, December 5th, 6th and 7th, 1927.

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*The Cover—Reproduced in six colors from the painting, "Marcheta," by Wilson.*

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a secret

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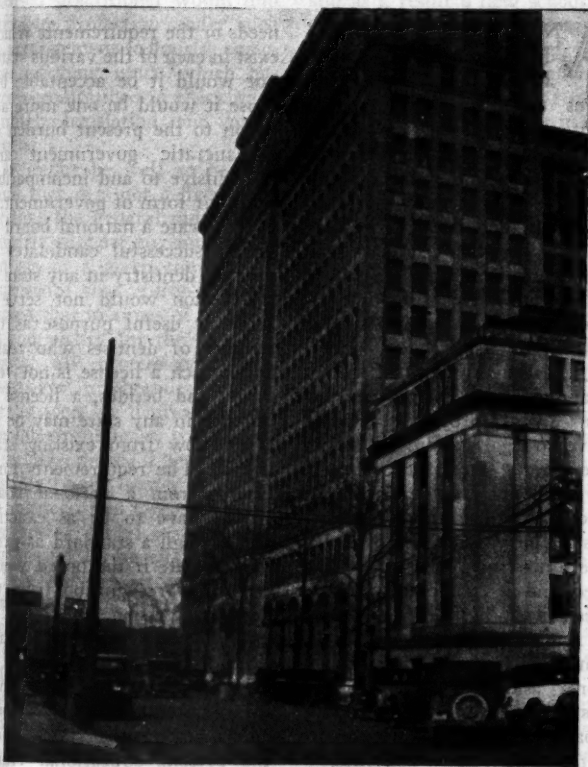
# ORAL HYGIENE

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AUGUST  
1927

VOLUME 17  
NUMBER 8



*General Motors Building in Detroit,  
American Dental Association Convention City for 1927*



# A National Board of Dental Examiners

By HERBERT H. SCHMITT, D.M.D., Portland, Oregon

A NATIONAL board of dental examiners may be a desirable thing as concerns the future interests of dentistry. Of course such a board could not displace existing state boards of dental examiners, as it is conceded that each state has the full right to have its own boards, or similar institutions, which naturally must be wholly independent of any national board or other similar institution.

A national board of dental examiners, merely representing the dental profession, would have no legal standing in any of the various states, and therefore it could not enforce any of its decisions and decrees. As an advisory body to state boards its usefulness would be rather limited and its name would be a misnomer.

A state board of dental examiners has many duties to perform aside from holding its usual examinations. Many boards have paid secretaries to direct their various activities.

A national board, created by law, to displace the existing state boards would not fill the

needs or the requirements which exist in each of the various states nor would it be acceptable because it would be one more addition to the present burden of bureaucratic government and is repulsive to and incompatible with our form of government.

To create a national board to license successful candidates to practice dentistry in any state of the Union would not serve a large or useful purpose as the number of dentists who really desire such a license is not very large, and besides, a license to practice in any state may be secured now from existing state boards. The requirements for a license from a national board would have to be as exacting and of high a standard as exists in any state if the board would enjoy any recognition from the dental profession.

The interchange of dental licenses through a restricted reciprocity is perhaps the most ideal system which we could adopt among the states under the present educational standards. Unlimited reciprocity, under present conditions, is a delusion and would accomplish

nothing good for dentistry or dentists in general. Such an arrangement would result in confusion; it would invite the establishment of interstate chains of dental parlors under the direction of powerful corporations, ethical enough perhaps, but with attending destructive competition, exploitation and corruption, and the illegal and unlicensed practitioner would find sufficient protection under such an arrangement to flourish again, thus undoing much which has been accomplished in checking it through legislation and other efforts.

It might be well to bear in mind that it is not a fixed matter that the general public will properly support any number of dentists in a given community. Experience has fully demonstrated that in times of prosperity and plenty for the working classes, all professional businesses are prosperous enough, but as soon as depression and unemployment exist, they begin to feel the pinch. The working class forego the luxury of a dentist and too often forego the dire necessity of dental service. Just how dental reciprocity is going to help the patient pay dental fees or help the dentist get his fees, has not been satisfactorily explained.

The trend of dentistry at the present time is toward higher standards, looking toward merging or consolidating of dental institutions with state schools having a medical department, with a minimum standard for

its graduates which would be equivalent to an M.D. degree. Such an arrangement might produce a sufficient number of oral surgeons, but it would very likely produce a dearth of good dental operators and skilled dental technicians which the ordinary practice of dentistry demands. Public demand would not tolerate such a situation very long and as a result a new school of dentistry with a lower standard would likely be developed.

An opinion seems to prevail, outside of the councils of state boards, that the different states have too much variety of regulative statutes pertaining to the protection of the general public against inferior dental health service, and that a uniform law covering all dental matters should be formulated and presented to the various state legislatures for their adoption. That would be a doubtful procedure and would meet with much opposition from many quarters. Who would be able to successfully guide such a measure through a state legislature, and who would furnish the cash for the lobbyists? Even if such a measure were adopted, of what practical benefit would it be to the general public as long as the different dental schools have different standards and methods of training the dental student?

Is it not a fact that state boards, for many years past, have been demanding better dental education and training for the dental students but met with little or no response from den-

tal school officials? In recent years the Dental Educational Council has taken the matter in hand and has made a full investigation of all dental schools and dental colleges and as a result of their demands some of these dental institutions have gone out of business, others have added more up-to-date equipment and have been merged with state schools. But some of these schools are still following their same wrong policy of trying to get along with a staff of incompetent instructors due to financial considerations. Such a policy defeats the purpose of proper dental training and constitutes the principal reason for the failure of their graduates taking the state board examinations.

The merging or consolidation of dental institutions with state medical schools does not necessarily insure that the dental department will be adequately provided for so that dental students will have full opportunity for the necessary training. At present the important need is that all dental institutions be owned and controlled by the state and that adequate financial assistance be provided so that all the necessary activities pertinent to the needs of the student be supplied as far as possible, and that sufficient number of competent instructors with dental and pedagogical training based on practical experience constitute the teaching staff. If these provisions cannot be supplied by the state then it were better not to have a dental department at all.

State board examinations have been the subject of much criticism in the past by both dentists and dental school officials. The dentist who wishes to change to another state for various reasons fears the possible outcome of taking another examination and usually objects to being compelled to take both the theoretical and practical work. Other criticisms have been made with reference to the examinations as not being uniform and having no real educational value; that the questions submitted were too technical and irrelevant to the subject of dentistry; that board members were incompetent to pass judgment on the merits of the answers submitted and work performed.

In reply to such criticisms it may be stated at the outset that they are nearly always based on misconception and misapprehension. Usually the state dental law specifies the dental subjects the candidates shall be examined in and also designates the nature of the questions to be submitted and makes provision for the practical tests. Dental boards select their questions from reliable sources, and some boards even secure a list of questions and answers from instructors in dental schools covering the various subjects in which the candidate is to be examined. There is no such thing as a *standard dental board examination* and neither is there an established standard upon which to base so-called *uniform examination*.

Whichever way you may see

lect for having test examinations for a license to practice dentistry, it will not preclude the fact that the examiners usually have had as thorough a dental course as the recent dental graduate and with their post-graduate work and added experience are fully entitled to recognition as being qualified to pass judgment on the qualifications of the candidate, including such as personal appearance, interest in his work, handling of his patient, operative technic, operative equipment (operative instruments usually found too dull to use), and, in fact, his general display of good judgment. Candidates with good memories usually have no trouble in passing the theoretical tests. However, the holding of the state board examinations is by no means an easy or pleasant task as may be supposed by those on the outside, and if a national board would assume that duty in all of the states I believe it would be welcomed with open arms by a large majority of state board examiners.

While it is encouraging to know that the Carnegie Foundation is giving its aid to the cause of dental science and that dentistry is to be placed on a more scientific basis so that its practitioners will be enabled to render a better and more competent service to the general public, it is also to be considered that dentistry as now organized on a remedial, reparative and palliative basis has failed to satisfy the demands for relief of a

dental suffering humanity over the world.

Dentistry, as now constituted, cannot be said to offer any definite hope or assurance to check the ravages of dental caries and pyorrhea. These conditions are being produced faster than they can be treated and checked because the dentist has, and now is being taught and trained, for the most part, to treat the symptoms and results of the action of hidden and obscure causes which do not become apparent to the victim until Nature breaks down as exemplified in dental caries, pyorrhea, etc.—symptoms and results of pernicious and destructive forces at work in the human organism that cannot be reached by any known method of procedure or eliminated permanently.

In recent years it was thought and hoped that by the acceptance and practice of the principles of oral hygiene, dental disease and deformity would be checked and overcome, but only to find that oral hygiene, as generally understood and practiced, has not removed or uncovered the active factors that are responsible for producing and reproducing the larger part of dental disease and deformity, and consequently we must look to some other and better remedy. It is never too late to make a new start to uncover the obscure and hidden destructive causes of dental disease, if possible, and when we shall have accomplished that task, doubtless, we shall have

helped to solve the etiology of other similar diseases, at least those having a similar origin, notwithstanding our present beliefs about their etiology.

If the Carnegie Foundation is desirous of being of special service to humanity through dental science and dentistry in the largest way, why does it not undertake the task of establishing a research organization which will have for its prime ob-

jective the discovery of the causes of dental disease and deformity and their elimination or control? If it meets with success in such an undertaking it will have accomplished something greater and of more essential value to the welfare of humanity than all the combined efforts of medicine and dentistry have ever been able to produce in the past.

## The Eastman Gift to Britons

Editor ORAL HYGIENE:

You cannot imagine what pleasure it gives me to read the editorials in ORAL HYGIENE, and particularly interesting in the one that appears in the May number, entitled "Not So Good At First Glance."

I am quite in raptures to note that George Eastman, of Rochester, head of the Eastman Kodak Company will construct a dental clinic in London, similar to that in Rochester, N. Y.; for this purpose he devotes 300,000 pounds, or the approximate sum of \$1,500,000. This information is vouched by a clipping from *Science*, Friday, April 29th, 1927, page 420:

A dental clinic, identical in character with that at Rochester, N. Y., will be constructed in London as a result of a gift of £300,000 by George Eastman, of Rochester, head of the Eastman Kodak Company. The clinic will be associated with the Royal Free Hospital in Gray's Inn Road in a building adjoining the hospital.

America is not satisfied to lead in establishing the value of oral hygiene, but is furnishing the establishment to our British cousins. The imperative need of this branch of dentistry was very forcibly impressed on me on my late visit to London. They can console themselves with the reflection that America leads the world.

Sincerely yours,

KING S. PERRY, D.D.S.

Pittsburgh, Pa.

*The first meeting of the American Dental Association in Niagara Falls in 1859, had a registered attendance of 25. It is anticipated that not less than nine thousand will be in attendance in Detroit.*

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# The Menace of Lay Instruction in Care of the Teeth

By WILLIAM H. NITSCHKE, D.D.S., Utica, N. Y.

THE recent appearance in the newspapers of a syndicated article containing instructions for the care of the teeth, prompted the writer to address the accompanying letter to the editor. This was published a few days following the article in question:

In the magazine section of (name on request) March thirteenth, Gladys Cooper, the English actress, in her article on "How to Become Beautiful" advocates rubbing the teeth with the pulp of a lemon to remove stain.

Research workers have proven that practically all acids have a destructive effect upon the enamel of teeth. Citric acid, which gives acidity to lemon juice has been found to dissolve eight and one-half per cent ( $8\frac{1}{2}$ ) by weight of the enamel of teeth in two hours.

At that rate it can be seen that it would not require many applications of lemon juice directly upon the tooth enamel to effect the enamel. The accumulative results would be particularly pernicious at the necks of the teeth where the enamel comes to a fine feather edge.

Normal enamel has a hard, lustrous, glass like surface which can be kept free from injurious deposits with relative ease. Acids dissolve enamel and leave an etched surface very difficult to keep free from deposits of bacteria which produce lactic acid and cause tooth decay.

Mention was also made in this article of whitening the teeth by bleaching. There is no known way of whitening the enamel structure of a live or vital tooth without injuring the enamel. Any whitening of the enamel itself is due to decalcification. This is similar to the

white spots left upon the old fashioned marble top tables by lemonade (Citric Acid) which no doubt many have observed.

Practically all teeth when free from deposits, have a color and form which harmonize with the complexion and features of the individual. White teeth would really be unnatural. The only safe way to restore the teeth to their natural condition is to allow the dentist to carefully remove all deposits and polish the enamel surfaces. This properly done will enhance the natural lustre and beauty of the teeth. How much better this would be than to produce apparent improvement by the use of acids but with ultimate disastrous results.

Signed, William H. Nitschke.

On account of the wide distribution of these syndicated writings, it will, no doubt, be of general interest to the profession to call its attention to such pernicious instructions.

To many, the statements regarding the action of lemon juice upon tooth enamel may seem radical. They are, however, fully corroborated by research workers and by personal experimentation by the writer.

Although the decalcifying action of lemon juice upon the enamel is not as vigorous as that of some acid tooth cleaning liquids sold to the profession, it is enough so to call for a most emphatic protest against the dissemination of such harmful counsel by the laity and the press.



# A Peace-Time War

By M. M. DOLMAGE, D.D.S., Washington, D. C.

Read at the Annual Banquet of the National Capital Dental Society

TWO years ago, on an occasion of this sort, I related to you the war activities of this Society. I related to you how Field Marshall Von Streptococcus, assisted by Major General Von Staphylococcus and Lieut. General Von Bacillus Leptothrix, executed a formidable offensive against our Molar fortifications and how General \_\_\_\_\_ and \_\_\_\_\_ with their howitzers and 75's, assisted with a squad of gasoperators, attacked the enemy from rear and front and routed him completely. The battle was very sanguinary and the enemy was taken by such surprise that all the trenches were occupied by our antiseptic forces.

We must give due credit to the Cossack forces of the Phenol type of General \_\_\_\_\_, who made such a brilliant cavalry dash that the enemy forces were totally submerged and drowned in the marshy grounds of the submaxillary regions.

At sea, the record of our Society has been enviable. Admiral \_\_\_\_\_ devised a gauze dipped in Bichloride of Mercury and placed it in such an ingenious fashion around the sublingual regions, that all the en-

emy U-boats were either captured or drowned in the fluids of the oral cavity and thus were enabled to dispatch our forces from one shore to the other in perfect safety.

In the air, our work has been equally commendable, General \_\_\_\_\_ with his new type x-ray machine, took such minute, detailed pictures of the enemy positions that our guns located them with a perfect degree of precision and destroyed them. He did marvelous work in locating enemy positions around the apical regions so clearly that several enemy long distance big guns, with their entire battery, were surprised and captured by us.

The Women's Corps, assisting the Red Cross, was organized by our lady members and they saved many lives by administering liquid diet of well known standard mixtures in the rear line hospitals to patients who could not partake of solid food on account of fractured maxillae.

We must leave in oblivion the humanitarian activity of General \_\_\_\_\_, who raised his voice and championed the cause of our fighting men in se-

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curing for them the re-establishment of Army canteens and an increased amount of tobacco. This, indeed, will go down in history.

After such valiant deeds, when an armistice was declared, our Society did not stop its activities. Our President, in his great speech, laid before us a number of important principles. The time is rather short to enumerate all, so I will dwell on the two most important ones:

1st. The right of all races for self-determination. He laid before us very ably that all these tribes of bacteria, living in the oral cavity in pursuit of their natural lives, should be left unmolested and undisturbed; that the days of autocracy and persecution were ended; and that we had no right to interfere and dictate to these beings how they should govern themselves. Our engines, our burs, our gas machines, our forceps, and all our antiseptic armamentarium were relics of barbarism and that we should deal with these animalcules with tenderness and humanity.

He also advocated strongly that we should particularly take a friendly mandate over the bacteria inhabiting in the apical regions in their peaceful pursuit of happiness.

He furthermore advocated that since during the war period we had killed and annihilated a large number of them that we should now assist in their propagation to normal life.

The second very masterly principle was to get an amendment to our Constitution and declare the oral cavity dry.

A wet mouth, he said, is very much like a wet country, quite slippery, at times slushy, never solid and always movable. It became necessary to consider the sources.

The sublingual and submaxillary glands furnished the liquid on a wholesale scale, whereas the labial and buccal ducts conducted a large business at retail. It would indeed be very unhygienic to close these sources tight, so it was recommended to dry these spots in a scientific manner. Drying processes were studied carefully and it was found that the most effective way was the application of alcohol quite freely.

So in all cases of extremely wet mouths, the mopping or rather irrigation of the mouth with some palatable mixture of alcohol was found to be very pleasing to the patients and enhanced the work of the operator greatly.

These recommendations, with other important matters, were referred to the Committee of Notions, or, if you desire, you may call it a league of the same, for further consideration and discussion in the near future; but they were strictly instructed to make no interpretations or reservations whatever in these important doctrines.

Thus, you can clearly observe that this Society has been duti-

ful in war, and alert at peace times, and each member within my hearing must feel proud that he is a part of this illustrious organization.

Therefore, may I, ladies and gentlemen, propose this toast to the long life and prosperity of the National Capital Dental Society.

## From the President of the Cleveland Dental Society

Dear Dr. McGee:

Your editorial in April ORAL HYGIENE, entitled "Publicity," was read with interest.

However, I cannot agree entirely with what you say regarding publishing announcements of specialists and general practitioners in dental society publications.

The specialist might be allowed to do so, because, as a general rule, he is reliable and competent or else he does not stay in his specialty very long.

On the other hand, take the general man. We all know that a few, a very few I will agree, but still a few men belonging to our societies are just on the ragged edge, so to speak, as far as ethical methods are concerned. You say you "have spent a lot of time trying to find a reliable man in some distant city to whom to send travelers." Now, do you think that advertising in a bulletin will make a man any more reliable? And would not these same men I speak of be just the ones to take advantage of your listing?

I certainly would not be in favor of your opening the pages of your splendid magazine to this type of advertising.

As all of us are wrong sometimes, possibly with the exception of baseball umpires, and as I believe President Wilson said, "only a fool doesn't change his mind," I reserve the right to change my mind on this subject, but I am from Missouri.

Yours fraternally,

C. T. STORY, D.D.S.

Cleveland, Ohio

## Detroit for You

*Michigan's good roads are beckoning. Get out your flier and away you go.*



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# I've Learned a Lesson

By BARTLETT ROBINSON, D.D.S., New York

THOSE of you who have read previous articles of mine that have appeared in ORAL HYGIENE know of my weakness, if weakness it may be called, for praising the folks who spend their time and money seeing that we buy sufficient dental supplies to keep us going.

I've tried to explain my reasons for feeling as I do, and at the start I want it clearly understood that I do not consider myself any self-appointed back scratcher for the dental trade, but I'm merely setting down the things that have happened to me so that other dentists, may, perhaps, profit by the mistakes I have made and be guided somewhat by the "right" hunches I have followed.

After several years of dubbing along, a friend of mine got me started on the right track, and up until a few weeks ago I thought I was doing about as well as I could be expected to do.

But that has all been changed, and I'll tell you how.

We have all heard a lot about dental economics during the past few years. When I was in college it was considered highly unethical to even talk about money

in connection with the noble and humane profession of dentistry; the fellow who talked about it was branded as a potential advertiser of the worst type, and his professors made every effort to get him back in the straight and narrow path.

I guess we have all had this same experience, more or less. A patient comes into the office, we get him in the chair, we look him over, and then we begin the battle with ourselves to decide how much we are going to tell him it will cost. If he hollers, we are sorry we made it so high; if he does not we mentally kick ourselves because we did not ask a larger fee.

As time went on, and we grew older and more wily, we gradually raised our fees to a point where we thought we were making money; and perhaps a few of us were. I've just discovered that I have been kidding myself into thinking that I was, when really all I was doing was helping the landlord pay for his building and I was actually getting less profit out of my investment in my education and my office than the newsboy on the corner was

getting out of his little two-cent business.

A short time ago, my friend, the dental dealer, told me that a course in dental economics was to be given in my city. Now I had heard a lot about this course and the man who gave it, but everything that I had heard had been told me by men who had never taken the course.

As we are all entitled to our opinions, I expressed mine rather bluntly. Why waste good time and good money on a thing like that? I thought I was doing real well, and I firmly believed that no man on two feet could tell me anything that would help me enough to make me want to spend a couple of hundred dollars on a thing like that.

It just happened that a day or two before the date set for the start of the course I had received a notice that a large insurance premium was due, and I was rather surprised to see that my bank balance was a trifle too weak to take care of it. A poor time to think about "throwing away" any money, but while I was still worrying about that insurance bill, I had lunch with my friend the dental dealer.

As those poor devils are always in a receptive mood for hard luck stories, I told him what I was up against. He opened up on me, and told me again about this class in economics. He even offered to loan me the down payment if I could not raise it myself.

He finally got me to promise

that I would attend the first lecture, which was free.

Now in spite of the attitude that most of the dentists I know seemed to hold against making money, there were several hundred at that lecture.

And brother, let me tell it to you, that lecturer told us things that we had never thought of, but that were costing us all real money.

About forty of us signed up for the class. Some of my friends made fun of me, but I did not even argue with them. I attended the lectures; I told the lecturer all the sorry details of my practice, and he promised to come over and spend a little time in my office.

He made an appointment to meet me at the office at nine o'clock in the morning, but I had a flat tire on the way down, and it was nine thirty when I arrived. His card was under the door. At ten he called me up. "I was at your office at nine o'clock. I was there again at nine fifteen. I came back at nine twenty-five. The place was locked. What do you think you are, a banker?" and bang, he hung up the receiver.

At first I was mad, then I got to thinking it over, and I decided he was right, so I called him up and apologized. When he found time that afternoon to come in and check over my books he got me mad again by telling me that I was making less money than any union hod-carrier in the city. In fact, almost everything he told me got

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me seeing red. I was about to start scrapping with him when I remembered that I was paying him for doing it and that he was doing it for my own good.

Fellows, I could go on and rave about this stuff for a week, but I'll condense as much as I can. He put a little time clock in my office, and he showed me just how few hours I was working each day. I'd be ashamed to tell you how few it really was. Then he told me what he expected me to take in every day, and he told me how to do it.

His course included lectures for the assistant, and he showed her how to help me get my practice up to the point he had set for me, and he showed me that I should pay her a bonus that would make her feel that she had almost as much interest in my success as I had myself.

Now I do not like to boast, but I think that today I know a lot more about dentistry than I knew before I took that course, and I know I know a thousand times more about how to make a living out of it.

I still hear dentists condemning such things, but they are always men who know nothing about them, and most of them are too poor to keep spare hand-pieces for their dental engines.

Should you ever have an opportunity of hearing a real lecturer talk on *practical* dental economics, drop everything else and go listen to him.

I think the salvation of the very profession itself lies in the understanding of those vital business principles which were never taught in colleges, but which we all should know.

## An Ode Addressed to the Author of Gray's Anatomy

O sober, dark and dismal Gray  
Fell anthropotamist, designing  
doctor,

Had you one thought or pitying  
fancy, pray,

Of what dire tortures you were  
the concocter?

When your most hideous and inex-  
plicable book,

Crammed with its jargon and  
tongue-twisting lingo,

At every medic's head with menace  
grim you shook?

I can't believe you had, I can't,  
by jingo.

But if with baleful, dark premedi-  
tation

And full intent to rack poor stu-  
dents' brains

You fulminated your abomination  
Unmindful of perplexity, distrac-  
tion, pains.

Then; fractured be your base  
maxilla

And ligatured your prime  
carotid,

Obfuscated your axilla,  
Obstructed both your glands  
parotid.

Tetanic spasms seize your muscles  
Before you know just what's the  
matter,

Pyaemia blight your red corpuscles,  
Necrosis your innominata.

R. D. in *Journal of the A. M. A.*



# The Requirements, Construction and Selection of a Tooth Brush

By Joseph H. Kauffmann, D.D.S., New York, N. Y.  
Dental Department, Bronx Hospital and Dispensary, and Member of the Oral Hygiene Committee of Greater New York.

The public is undoubtedly forging ahead of our profession in the spirit of oral hygiene. We have not yet as a body met our duty in the field of prevention. The most important step in this work is the practice of personal mouth cleanliness which, under present environmental conditions, far surmounts anything else that has yet been offered. We are not living in an age of natural mouth hygiene. Therefore I think it logical and sensible to place great emphasis upon the use of the toothbrush.

THE chief purpose of this brief talk is to entertain certain facts which will aid in the selection and use of a toothbrush for the daily maintenance of mouth cleanliness. It is taken for granted that at this late date no embellishment is necessary to emphasize the importance placed by every competent dentist upon the conscientious individual home care of the mouth and

teeth. The persistent teaching of oral hygiene by our profession would, even by itself, make us contributing factors in the upkeep of the public health.

In a previous "Study of the Tooth Brush"\* reported by me in *The Dental Cosmos* of March, 1924, and from which I shall occasionally quote, a

\*Read before the Section on Preventive Dentistry of the First District Dental Society, March 10th, 1926.

toothbrush is designated as "an artificial hygienic device used in conjunction with a dentifrice to brush the teeth, consisting usually of a handle and clusters of bristles so arranged as to exert the most beneficial cleansing action possible under the conditions present in the mouth of the individual, without causing injury to the hard structures or adjacent soft tissues."

Although the great majority of human beings do not employ a toothbrush, the United States uses more in proportion to its population than any other country in the world and based upon official Federal statistics we can place this number at not less than fifty million annually. As the average person uses two brushes a year and as our population in its entirety is almost one hundred and twenty-five millions, it follows that only twenty per cent or at most one-quarter of our people are toothbrush owners.

While the present situation may apparently cause us to live in despair, considering the relatively recent advent of oral hygiene as a phase of sanitary science, we shall at least die in hopes.

If in my effort to be short, I do not mention many names, it is not because I wish to detract from credit due to others, since I fully realize that far wiser men than myself have considered this subject long before I did. As a matter of fact, Pierre Fauchard, who lived from 1678 to 1761, mentioned

the toothbrush in his work although he personally preferred wet sponges or medicated herb roots.

Peculiar as it may be although the toothbrush is constantly preached about, how many of us give careful thought to its requirements and construction? Most of us approach the subject after a fashion just as we do the dentifrice. However it must be admitted that any kind of toothbrush has at least an educational value and by and large, the more used, the more good done.

The one definite object of a brush is to keep all the enamel surfaces of the teeth as smooth and clean as possible. The dentifrice, I beg to maintain, is secondary to the frictional cleansing function of the brush itself and I, therefore, ask your consideration of the latter as a powerful mechanical agent.

What are the desirable features of a toothbrush for ordinary use?

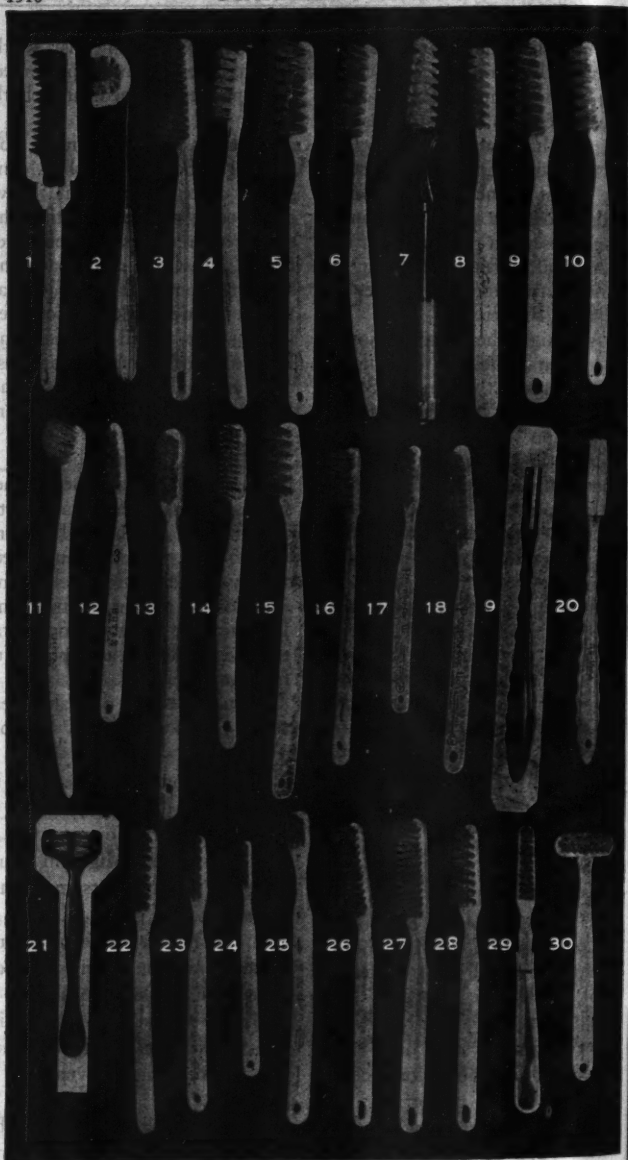
1. It should be pleasing in appearance and attractive in general construction.

2. It should be light in structure and not cumbersome in application.

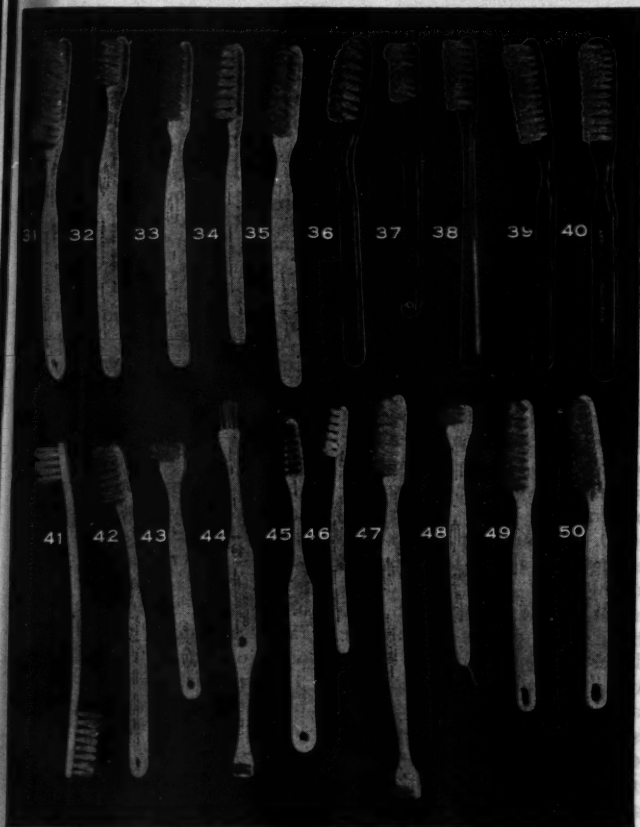
3. It should not require complicated manipulation for its efficient use in the mouth.

4. It should bear a distinguishing mark of identification for the personal convenience of the user.

5. It must be easily cleansible and in shape and structure not



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*Some Tooth Brushes with Unusual Features*

1. Rubber tufts instead of bristle.
2. Swivelled semi-circular brushing surface on metallic handle.
7. Dental floss contained within hollow celluloid handle.
14. Brush made entirely of rubber.
16. Bamboo handle, reducing cost of brush.
19. Fibrous insert placed within slot to be moistened for use.
20. Moistened insert spread out to be used instead of bristle.
21. Semi-circular brushing surface for rotary movement over occlusal surfaces from lingual to facial.
29. Folding brush for traveling purposes.
30. Swivelled straight brushing surface on bayonet shaped handle.
41. Double end brush for differing areas.
44. Double end brush for spaces beneath and about bridge work.
47. Double end brush for differing areas.

conducive to the retention of foreign matter.

6. It should be obtainable in various sizes according to individual requirements.

7. The bristles must be of substantial quality, firmly set within the back of the brush and not loosen upon usage.

8. The bristles should be obtainable in varying degrees of hardness.

9. The arrangement of the brushing surface should be such as to allow for the complete cleaning of all the exposed surfaces of, and all the exposed interproximal areas between, all of the teeth, both deciduous and permanent, whichever may be present.

10. It must be inexpensive enough to allow for frequent renewal.

Of course there is no such thing as a perfect toothbrush. Indeed, there probably never will be an unanimous choice of any. My object, however, is to show that some are better than others: amongst the large variety we have both ingenious and ingenious examples. To date I have examined in detail over forty different toothbrushes most of which are more or less well advertised or advocated.

The United States Patent Office at Washington recently informed me that up to the present about 350 patents on American designed toothbrushes have been granted, the first of which was issued to H. H. Wadsworth on November 17th, 1857.

At various times reputable

and sincere men offer new ideas as to methods of toothbrush technique. Frankly though, I never observed that the average citizen is very enthusiastic about involved cleansing procedures, and even intelligent people are not over anxious to "gymnasticate" themselves with oral calisthenics. Therefore the toothbrush must be developed to its highest efficiency so as to give its user the greatest possible benefit.

My hypothetical basis for planning a well constructed toothbrush is, the horizontal curvilinear plane of the facial aspect of the dental arch which is elliptical in outline.

Let us examine the brush as a whole. The toothbrush is a lever of the second class in which the fulcrum at the one end is the tooth to be cleaned, the brush itself the weight to be raised or applied and the hand of the user the power to apply it.

Those brushes in my collection measure from  $4\frac{1}{2}$  to 6 9-16 inches in length and nearly all of these are intended for adult use. About six inches is sufficient length as experience proves that this makes it adaptable mechanically and less bulky than a longer one. Four to five inches is sufficient for children. Generally speaking, we need shorter brushes.

Thigh bone of cattle is most used for the back or solid portion of the brush including the handle. It is non-flexible and inexpensive because of its abundance. Other handles are made of celluloid, rubber, wood,

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metal, ivory, coral and miscellaneous synthetic preparations.

The handle should be at least  $\frac{3}{8}$  of an inch in width and almost  $\frac{1}{4}$  inch thick so as to be heavy enough to accommodate a firm grip and yet not cumbersome. It should be slightly convex, with the concavity toward the teeth so as to fit into the curved palm when the hand is closed.

A non-flexible handle is desirable as it keeps the bristles in constant contact with the teeth upon application of pressure and does not allow them to spring away: for this reason bone is preferable.

Animal bristles are almost invariably used for the brushing surface; also rubber, cotton, wood, and miscellaneous devices. Bristle has the following advantages:

1. It renders excellent frictional service.
2. Its flexibility permits plasticity of free movement of the brush.
3. It retains the dentifrice through the interlocking and piercing ability of the tufts.
4. Its great abundance makes it inexpensive.

The animal hair which is originally the covering of the hog's hide comes in great quantities from Russia, Siberia and China. American bristle is not developed enough for toothbrush use, since the animal in this country is consumed for food at a considerably earlier age than in foreign lands.

The native bristle is treated by

washing, bleaching, combing, dyeing, sorting and recombining. At present China is the greatest exporter of bristle, although, before the War Russia sent out the most. The story of bristle is very interesting but time will not allow such digression. Sufficient to say, that the average toothbrush with about 30 to 35 clusters holds almost 1000 bristles which you don't realize until you actually count them.

About three longitudinal rows of bristle clusters make sufficient number. These should cover an area not more than  $1\frac{1}{2}$  inches long and  $\frac{1}{2}$  an inch in width. They should be well spaced with not more than 10 clusters in a row. Their insertion should be closed and limited to the inner side of the brush as the so-called ventilated brush with openings to the back defeats its very purpose, by holding foreign material.

The clusters should be well separated for these reasons:

1st. This gives the user an opportunity to take advantages of the flexibility of the bristles in order to clean the septal areas and dip the heads of the tufts into the grooves and between cusps. A compact body of clusters inhibits this function.

2nd. Well separated bristle clusters remain cleaner and can be washed off more easily.

3rd. The bristles are retained better than otherwise because there is less weakening of the back of the brush as when closely packed, with consequent longer life.

Our next observation is the relationship which exists between the handle and bristle portion of the brush. This relationship is dependent upon the structural anatomy of the dental arches and adjacent tissues, the surface form of the bristle area and the method used in brushing although most people adapt the method to the brush.

Please understand that the suggestions which I make are based upon my own plan and I surely appreciate the fact that my ideal of a good brush may be at a variance with that of others whose opinions deserve the utmost respect. Therefore I merely offer these remarks for what they are worth in order chiefly to stimulate thought along these lines and I certainly do not appoint myself a final judge in those matters.

We will divide the solid portion of the brush into two parts, which must be visualized of course, the greater area A used as the handle and the smaller portion B holding the bristles. In between is a constructed portion which you may call the neck but which we need not consider. There are three possible relationships between A and B. First they may both be continuous in a straight line; next B may turn outwards from A with the bristles away from the teeth and lastly B may deviate inwards from A or toward the teeth. In the last two named constructions, one outwards and the other inwards, assuming that other conditions in-

cluding the bristle arrangement are the same, you will necessarily have a difference in the mechanism of brushing and in the effects produced.

The outward bend, to my mind, is not harmonious with the anatomical and mechanical aspects involved in brushing although for some of the occlusal surfaces it is efficacious. The inward bend of Part B is more adaptable to the facial areas of the denture and the lingual, palatal and inferior occlusal areas. Above all, this inward inclination allows for increased friction because the brush is pressed positively against the teeth and this application of pressure is directly transmitted to the bristles and thence to the enamel surfaces. In plain words this form does not require a convolution of wrist movement in order to make it work.

For example, in brushing the upper left facial area the brushing surface approaches the buccal aspect of the upper left posterior teeth according to our proposed toothbrush when the inner side of the handle faces the left anterior teeth. This is in accordance with the inward dip of the brush from a curved plane running about parallel with the elliptical shape of the denture. In the words of the patient, it is "curved like the teeth."

If this inward angulation is made about 10 degrees, the resulting bend will be congenial to the tissues and there will be

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no abruptness to encounter. In addition the inward bend brings the distal clusters, that is those farthest from the handle, into intimate contact with occlusal grooves and sulci so as to enable one to scoop those parts where cleaning is most needed.

The next point for consideration is the surface form of the occluding bristle area. Too large a brushing surface inhibits the work of the brush because of excessive bulk. Besides in handling a large brush and large number of bristles the necessary intimate contact is lost as the sense of direction and proximity of application are obscured. In addition there is a tendency for the user to cover as many teeth as he can at one time so that individual attention to small groups of teeth is lacking and the whole brushing process is botched. It may be put down as a practical axiom that the amount of benefit derived from a toothbrush is inversely proportional to its size understanding of course that there is a minimum limit.

The brushing surface should be about  $1\frac{1}{4}$  to  $1\frac{1}{2}$  inches in length at most and cover the facial aspect of three to four teeth. If not more than three longitudinal rows of well separated tufts are used with a maximum height of one-half inch to the tip of the longest bristle, they will spread out fan-like and get into the septal areas in addition to being projected into occlusal depressions. Such spreading action is especial-

ly efficacious in the case of so-called close teeth where proximal decay is prone to occur.

With an angulation of ten degrees as mentioned, the occluding bristle surface should be slightly curved with the shortest bristles about three-eighths of an inch at the center, the longest at the distal end and the size in between at the mesial or handle end. But this curvature should be gently graded and under no condition should there be an abrupt change in bristle length or any particularly elongated tufts. Such a latter construction causes injury to the soft tissues by continual puncture and abrasion. I prefer the longest bristles at the distal end since that portion is farthest from the hand and therefore less likely to be as closely applied to the tooth if the same length as, or shorter than, the other tufts. Some, however, prefer just the opposite, with the longest bristles nearer the handle: so that's that.

Most brushes are stamped "sterilized" but they are not of course in that condition when purchased. A new brush should be immersed in a germicidal solution or in boiling water and thoroughly scoured; no chances should be taken with it. The boiling will give the bristles a little play and if not prolonged will do no harm. Of course a cheaply made brush will not withstand such treatment as it will disintegrate.

The bristles should be run under hot water before and

after use, especially when a paste is applied. The brush when not in use should be kept in a clean dry place or preferably in a closed container which has openings for the entry of atmospheric oxygen. Unless this is done the bristles will soon become musty and change color.

I am often surprised upon visiting clean homes to note how the family toothbrushes are hung upon a receptacle exposed near the lavatory bowl and have also noted how some folks' brushes are in other instances thrown together within some apparently unwashed glass as though longing to caress each other by day and night. The bristles of one brush should never come into contact with those of another as serious infections have resulted through such oversight.

Needless to say, an unclean brush is not only useless but positively dangerous. Some dentists recommend the alternate use of two brushes, which is not a bad idea. The patient should renew the brush at least every six months and he should be so informed since, frankly speaking, many people will unthinkingly continue to use a brush as long as it has a few bristles remaining, although this does not necessarily indicate uncleanness. As the dentist is primarily a teacher he should advise his clientele in matters of toothbrush sanitation. After that, it's up to the patient. Of course, it is understood that all advice must be supplemented by the one fundamental dental opera-

tion, namely a thorough prophylactic treatment.

And thus endeth my efforts on the toothbrush which I hope will be received in the same good spirit with which they are offered.

There is one thought though, which I ask leave to call to your attention. The public is undoubtedly forging ahead of our profession in the spirit of oral hygiene. We have not yet as a body met our duty in the field of prevention. The most important step in this work is the practice of personal mouth cleanliness which under present environmental conditions far surmounts anything else that has yet been offered. We are not living in an age of natural mouth hygiene. Therefore I think it logical and sensible to place great emphasis upon the use of the toothbrush.

Each one, particularly the man in general practice such as myself, must do his share to spread that propaganda and this device itself should receive more serious consideration. There is science in a toothbrush as well as in other things professional; which reminds me of some lines I recently copied in reading H. G. Wells' novel, "Tono-Bungay."

"Scientific truth is the remotest of mistresses; she hides in laborious roads but she is always there. Win to her and she will not fail you, she is yours and mankind's forever. She is reality, the one reality I

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have found in this strange disorder of existence. She will not sulk with you nor misunderstand you nor cheat you of your reward upon some petty doubt. You cannot change her by advertisement, or clamour nor stifle her in vulgarities. Things grow under your hands when you serve her, things that are permanent in the whole life of man. That I think is, the

peculiar satisfaction of science and its enduring reward."

I offer, as my humble opinion, that the most efficacious weapon which our profession holds today in the effort to curb dental and oral disorders, resides most assuredly and certainly not in the curative field, but in the combination of the science of mouth hygiene with the common sense of disease prevention.

### Workers' Dental Clinic Success Without Profit

New York.—Forty thousand men and women employed in the ladies' garment industry have been treated within the last ten years at the dental clinic of the Union Health Center, established by the International Ladies' Garment Workers' Union, Dr. George M. Price, director of the center, reports.

The dental department was established in 1913. It now has a clientele of 5,500 patients per year and an income of over \$80,000. The clinic is operated without commercial profit.

### Swedish Dentist Here for Degree

Dr. John Sandblom, dental surgeon to the royal family of Sweden, arrived June 6th on the motorship Gripsholm of the Swedish-American Line, to receive an honorary degree of Doctor of Sciences from the new School of Dentistry at Northwestern University. The doctor will be the first professor to be honored at the college, from which he was graduated in 1900.

### Hurrah!

Editor ORAL HYGIENE:

Hurrah for your magazine and articles like Dr. Bartlett Robinson's.

He is a man after my own heart.

Articles like his strike home. Let us have more practical dentistry as is, instead of as should be.

Three cheers for Dr. Bartlett and ORAL HYGIENE.

Sincerely,

Kansas City, Mo.

MAX B. LEVIN, D.D.S.

# Dentistry Arouse Romantic Singapore

By D. T. PARKINS, S., W.

I DON'T think there is a busier place in the whole world than a world cruise, especially a University World Cruise. Dreams of days of sitting on the deck with nothing to do but watch the waves go by have long since vanished.

Students are busy all day in their classes or at their studies and members of the staff are expected to keep office hours as regularly as when ashore.

There are special meetings and lectures and conferences over innumerable matters which arise on the ship, more perhaps than in a well established land institution, because this is the first time a college has been "so much at sea."

Everywhere we have gone, so far, we have been received with a most enthusiastic welcome. We have been received by mayors, sultans, presidents and kings. By this time, having seen the people and studied some of the problems of so many countries, most of the foolishness and frivolity which characterized the attitude of some members of the party, has almost entirely disappeared and in its place is something of a realization of the seriousness of world problems and international relationship.

The world has become a most

interesting place. Countries and cities which before were only different colored sections of maps and spots thereon have suddenly become alive and teeming with people whose likes and dislikes, whose passions and needs are pretty much the same as ours, who are in fact, just folks after all.

The very mention of the Port of Singapore brings to mind the hair-raising stories of the pirate days of the South Seas. But Singapore is no longer the resort and rendezvous of pirate kings. It is a great modern city through which passes most of the commerce of the Far East. Every ship on a world cruise puts in at Singapore, and here are the peoples of all the nations. A hundred years ago the island on which Singapore is built was a swamp of mangroves; today it is a beautiful garden of fruits, spices and cereals, rice and tapioca. Great rubber plantations are everywhere. When you ride in your automobile through city, street or country road, remember that two of its tires came from Singapore, because here is produced one half of the rubber of the world. About eighty per cent of Singapore's rubber goes to the United States. It has been said that this alone will make it

A native

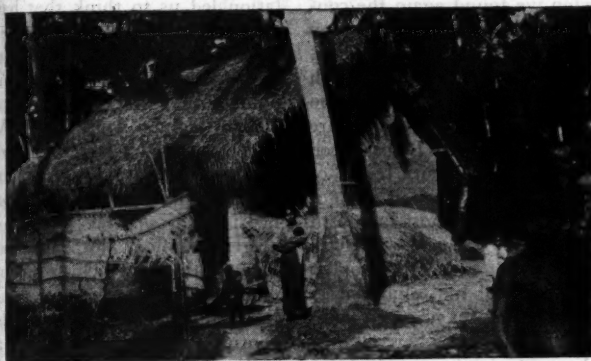
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## pond Ceylon

INS S., Wichita, Kansas



*A native house in Ceylon. Note the thatched roof and the dense foliage characteristic of Ceylon.*

possible for Great Britain to soon pay all her war debt. Second of importance in exports is tin. What would Henry do without it?

At Singapore I found the only real "dental supply house" since leaving the U. S. A. In other places these goods had been dispensed from drug stores or department stores, but in Singapore a real for-sure-enough dental supply house was conducted by F. W. Chappel, an Englishman. His territory is rather restricted, as his traveling men cover only southern China, India and Ceylon! A territory about one half the size of the

U. S. A. It seemed good to step once more into a place where real dental goods were on display in real dental house fashion.

Singapore is governed as a Crown Colony so that the practice of dentistry is subject to the English law which requires an English diploma. This of course makes it difficult for American dentists looking for a location over here. A situation entirely different from that in India, where the season is always open and no restrictions. Anybody can practice dentistry in India. He may use the title D.D.S., may advertise himself as an

American dentist or anything he likes. There is no dental law. Men who are graduates of American schools usually display the name of their school on their name plates—a custom which, of course, looks strange to us.

Passing on to the island of Ceylon we found again the condition of the Crown Colony and the English law prevailing. Here one must have the English diploma. The city of Colombo is a delight, as is the entire Island of Ceylon. It has been called the "Pendent Jewel of India," which indeed it is. It is covered with the most luxuriant growth of tropical verdure. There is not a barren spot on the island and the foliage has a characteristic, waxy green color which is found nowhere else.

From Colombo we took an inland trip to a place called Kandy. The old King of Kandy had a playful habit cutting off the nose and ears and hands of strangers. One time he did that to some Britishers and sent them home. Such treatment of Britishers did not suit the mother country so she sent an expeditionary force to call upon the monarch and he was the last of the Kandy Kings. There is in the village of Kandy a Buddhist temple called the Temple of the Tooth, because it is said to con-

tain a tooth from the mouth of Buddha. We did not see the tooth. I saw an elephant tusk by the door and the guide was greatly disgusted when I asked if that were Buddha's tooth. But being a tooth I supposed it would serve the purpose. Speculation led us to think that having come to Kandy it must be a sweet tooth and having belonged to Buddha it surely was a wisdom tooth.

In Colombo I met Dr. Atkins Smith who has a remarkable practice amongst the foreign population there. His office is most spacious, occupying a ground floor location with French doors which open out onto a colonnade, beyond which lies a luxurious tropical garden continuously blooming with all sorts of flowers and fruits. So far we have found no place as beautiful and attractive as this island. Dr. Smith seems in great need of an assistant. Some well qualified young man with British certificate would do well by gaining an association there. Dr. Smith had just returned from a world tour during which he had visited the International Dental Congress at Philadelphia. Afternoon tea at his lovely home was one of the delightful experiences of our trip.

### Toghsagfondie

*looks funny and sounds funnier. But that's what the Indians called Detroit before the first dentist located there.*



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# The Expansion of Plaster

By J. H. DOWNIE, D.D.S., San Antonio, Texas

THIS is a subject that has never gotten down very deep into the minds of the profession. They have heard some remarks about it, but have never seen it and have taken little stock in it. When they make a mix of plaster and set it down on the bench, they don't see it stretch out and expand like an earthworm; if they could, they would believe it. All that they have heard about the expansion of plaster has been in the abstract, wholly and entirely. An absolute demonstration has never been given.

Now, I am going to put this in concrete form, and give you an actual demonstration, showing you that it really does stretch out and expand, even as the earthworm; you will be surprised and astonished at the results. The accompanying half-tone cut was made directly from a photograph of the experiment.

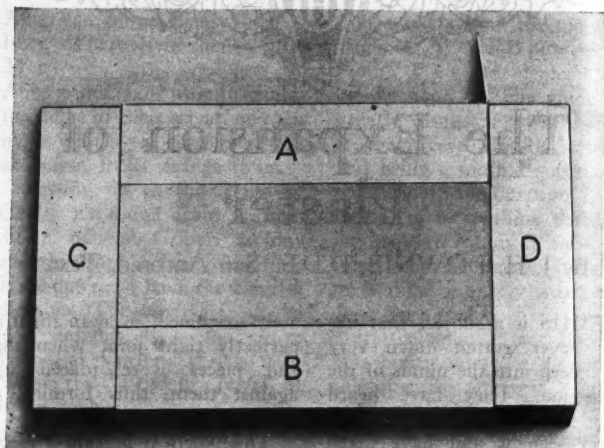
A rectangular form of half-inch-square iron was made as shown: The sides A and B are two and one-quarter inches long, the width (at the heel) of a very small plate. The ends of these two side-pieces were accu-

ately machined, so as to form a perfectly tight joint when the end pieces were placed up against them, thus forming a box.

This box was laid on a piece of paraffined paper; a mix of plaster was made and the box filled. As the plaster set, blocks C and D were pushed out, leaving a visible opening at the joints. These openings continued to widen for some time after the plaster had apparently set.

Block A was shoved against one end, so that all the opening would show at one corner; this opening I found by micrometer to be fourteen thousandths of an inch, or equal to the thickness of twenty-eight-gauge plate. The picture shows the piece of twenty-eight-gauge plate laid into the open joint at the top. This experiment was repeatedly tried with the same result. It can also be plainly seen that Blocks A and B are pushed out beyond the ends of blocks C and D, although when the plaster was poured they were laid up square.

Now, just think of making a plate from an impression that is



the thickness of twenty-eight gauge plate too large. No wonder there is lack of suction in such cases.

Then too, we must take into consideration that when the model is run it also expands, thus increasing the looseness of the resulting plate. In the width of a larger jaw there would be proportionately more expansion; in one of three inches in width there would be eighteen and two-thirds thousandths of an inch expansion, or more than twenty-six-gauge plate.

Now the question arises, what does the plaster do when it is confined so that it cannot expand in all directions? If the rectangular form is held with a clamp, so that the blocks cannot be pushed out by the expanding force, the plaster expands very noticeably above and below the blocks, or in whichever di-

rection it is free to move. Thus if it is confined in any one direction there is decided distortion in other directions.

Little wonder it is that the vendors of patented air-chamber contraptions find ready buyers among those who rely on plaster for impressions.

The plaster habit has been a hard one to combat, so many having been imbued with the idea that they must use plaster to obtain a good impression, without ever trying impression compound, or considering its value.

All kinds of technic have been devised to overcome these defects in plaster. The cutting of a groove across the heel of the model is one of these remedies; also the running of a groove around the gum margin; these of course result in a ridge on the plate. This is a direct ack-

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nowledgment of the looseness of the plate made from a plaster impression. The excuse is given that the groove across the heel is on account of soft tissue; a large percentage of the cases have no soft tissue at the heel of the plate, and very few clear across. The ridge across the heel

of the plate and also around the gum margin, resulting from the grooving of the model, of course tightens the plate, giving better suction. This is good practice when plaster is used for taking the impression, but is unnecessary when compound is used.

### Thanks, Miss Rogers!

*Editor ORAL HYGIENE:*

I am positive that you would be surprised to know, that away down in the State of Oklahoma, many miles from Pittsburgh, there are thirty girls, who, during their recent State meeting, expressed their appreciation of what you have done for the American Dental Assistants Association.

The entire club membership enjoys so much each issue of ORAL HYGIENE and look forward to receiving each copy.

We wish you to know our interest in your success with ORAL HYGIENE, and each member expresses her desire to co-operate with you in every way possible.

Yours very truly,

RETHA HELENA ROGERS,

State Secretary.

Tulsa, Oklahoma

[Each month ORAL HYGIENE publishes a special edition for the members of the American Dental Assistants Association. This edition is identical with the ORAL HYGIENE which dentists receive, except for a four-page supplement, edited by Mrs. Juliette A. Southard, founder and head of the Association.—*Editor ORAL HYGIENE.*]





## The Dentist Should Keep Some of His Own Appointments

By EMMA GARY WALLACE, Auburn, New York

**M**OST of us have had it impressed upon our minds, that promptness is a virtue and that to be dilatory is reprehensible in the extreme.

Yet we all know how persistently some people are behind time, quite oblivious apparently, to the utter selfishness and unfairness to others, of a habit of this kind.

Yet there are always two sides to a question and the just judge must needs listen to *both* sides before he renders a verdict. He would soon be robbed of his robes of authority if he heard one side of the case and refused to listen to the other, except, of course, in traffic courts.

All of which brings us to a comparison of two dentists in relation to their appointments as written down in advance in the appointment book, and ticked off by the clock.

It is true that comparisons usually are odious and yet the "before" and "after" advertisers of patent medicines, and house paint, and beauty treatments, continue to use "before" and

"after" illustrations, knowing that they teach a valuable lesson. In the same way, a comparison sometimes serves admirably to illustrate a somewhat obscure or difficult point, throwing light on the solution, oftentimes of a real problem.

The first dentist we will call Harkness, of course, that isn't his name. He is an excellent dentist and has a well-equipped office and a good patronage. But people complain—away from the office, at least, about the time spent *waiting* in his reception room, for him to finish what he is doing for the patient in the chair.

For example, a busy business man whose appointment was set for three o'clock, arrived on the dot, only to have to wait impatiently for forty full minutes until the dentist was ready for him. He raged inwardly because those forty minutes would have permitted him to finish a business deal involving a considerable sum of money, and which he could not be sure could be handed to his liking.

After several such annoying

In carrying out any policy, there are sure to be some difficult situations to meet. The weakling will say, "I've tried this plan and it doesn't work."

The successful man will say, "If my policy is right, the difficulties must be smoothed out so far as such smoothing out is practical."

delays, this business man came to a two o'clock appointment at half past two, to be "bawled out" in a half joking, wholly-in-earnest manner by the dentist, who exclaimed:

"I thought you business men realized the value of promptness—now I'm sorry, but I have been waiting thirty minutes for you and I'll have to charge you for the time, because I held it for you."

"That's perfectly all right," returned the business man evenly. "Charge it on my bill, but if I deduct the value of *my* time which I have lost in this office while *I* was waiting for you to be ready for me, I rather fancy that you would be in my debt, and not I in yours."

Dr. Harkness laughed and retorted, "You must expect that when you come to a dentist's office!"

Apparently everything was in perfect good humor, and yet the business man made a mental reservation and a mental resolve.

It was, "Dr. Harkness may think that's fair, but it isn't. When I get through with this

job—I'll pay my bill, and then I'm done with him!"

And that's the way the matter actually worked out and Dr. Harkness lost the patronage of the business man and his family, for they soon found that there were other dentists as skillful and more prompt than this one.

The other illustration is that of a younger dentist and a more business-like one, whom we shall call Dr. Rockford. He early realized that the matter of time and its fair apportionment, was one which called for a regular and fixed policy in any dental office. He further decided that a policy is a plan of action, or a method which may be changed at any time, but which should be adhered to *until* for a good reason, a new policy is adopted.

So he laid down this rule for his own guidance:

*"Appointments will be assigned for a certain hour or minute and unless a change is necessary, because of an unexpected emergency, I shall be as prompt in receiving my patients in the chair, as I shall expect the*

*patient to be in being there on time."*

And Dr. Rockford has held firmly to this policy, and this is the way he does it. And he has found his plan practical and a measure by which his own nerves and those of his patients are spared much strain.

When he tells Mrs. Jones that she may come at two o'clock on the afternoon of Tuesday the 10th, and further gives Mr. Smith an appointment at three o'clock—he only tackles such work on Mrs. Jones' teeth as can be finished properly between two and three o'clock. He does not start a delicate and rather lengthy piece of work at twenty minutes to three, for he knows that he cannot finish it on time, and that if he tries to, the work will be hurried, that he will run into Mr. Smith's time, and he will be nervously fagged by the extra tension. So he plans to start and stop so as to be ready for Mr. Smith.

If Mr. Smith is late, and he is doing any work on Mrs. Jones' teeth which can be continued for a few minutes, he may so occupy the time—but ordinarily, *he does not*. He excuses Mrs. Jones on the ground that three o'clock having arrived, the time is now Mr. Smith's and he must prepare for him, or rest a moment and await his coming.

When Mr. Smith arrives, he finds Dr. Rockford ready and the delay, at most, is not more than a minute or two, conse-

quently Mr. Smith is given the attention he had a right to expect to receive, at once. He can plan to be out of his office at a certain hour and be sure that his time will not be wasted.

Dr. Rockford has earned the reputation of "the dentist who believes in promptness."

And that reputation has been the means of countless tales of woe on the part of patients, on how they have suffered in other dental offices, more from delays than from the work done upon their teeth.

Dr. Rockford is convinced that people as a whole, and especially business and professional folks, greatly appreciate the element of prompt time appointments on the part of the dentist. He has a number of patients who have expressed gratification over this policy, and he has every reason to believe that several of his most influential patrons have come to him as the result of his promptness in meeting appointments, as well as for his skill.

Dr. Rockford doesn't expect two people to pay him for the same time. If he allows the time of Mrs. Jones to lap over a few minutes occasionally while waiting for Mr. Smith, he reasons rightly that he is justified in making this small salvage if he wishes, as Mr. Smith may not come at all (although he is expected to pay for the time) or it may be for the best interest of Mrs. Jones to have a little more work done at this time.

Dr. Rockford feels that it is much better practice to do the work of Mrs. Jones in five shorter sittings, than in four longer ones and to keep the appointments previously made as per his appointment book.

Here are a few points that both dentist and patient will do well to remember:

*First*, the patient who has arrived on time and who waits and fidgets, and fidgets and waits, is already in a nervous and irritable condition before he reaches the dental chair.

*Second*, the patient who has an appointment at a certain hour has a perfect right to expect attention at the time set.

*Third*, the dentist who has a fair and honorable policy in regard to time, will be able to see more patients in a day, to render better service, and to hold those patients longer, and to give greater satisfaction—than the one who is always behind, always hurried, and whose daily routine and schedule are all

out of balance every day in the week, as a result of letting sittings over-lap.

*Fourth*, other people have their own schedules to meet—perhaps a train to make or an important meeting to attend, and it is but fair that time shall be properly conserved and used according to previous arrangement.

*Fifth*, in carrying out any policy, there are sure to be some difficult situations to meet. The weakling will say, "I've tried this plan and it doesn't work." The successful man will say, "If my policy is right, the difficulties must be smoothed out so far as such smoothing out is practical."

Remember that the disadvantages of a wise policy are far fewer than the disadvantages of a haphazard policy. In other words, it is better to offend one person once in a long time than to offend a lot of people regularly, by giving them good reasons to be offended.

## A Cordial Invitation

This Dental Society, out here where the West begins, needs you, your papers and your clinical material. Let us urge you, in passing this way, to take advantage of a ten-day stop-over privilege allowed on all railroad tickets and give us something pertaining to dentistry.

We have much to offer by way of inducement; our golf weather unequaled in any place on the globe, a country rich in historical and archaeological lore, indescribably beautiful scenery, excellent hotel facilities plus cordial hospitality, while just across the silvery Rio Grande, that river famous on account of its dryness on the mesial surface and wet on the distal, Old Mexico smacks of foreign atmosphere.

Don't fail, Brother Dentist, to see that your ticket reads "via El Paso, Texas." We want and need you! *This is a standing invitation.*

Fraternally yours,

EL PASO COUNTY DENTAL SOCIETY.

L. A. NEIL, D.D.S.

Chairman Program Committee.

El Paso, Tex.



# The Dental Hygienist Question in Illinois

By G. WALTER DITTMAR, D.D.S.

Read before the Odontographic Society of Chicago, October 21st, 1926.

IN accepting the invitation of the Chairman of the Program Committee, Dr. Goslee—to take part in the discussion of the Dental Hygienist question I did so on the basis that part of what would be contained in my paper this evening would be quotations from the paper I presented at the Illinois State Dental Society meeting last May.

Certainly no rational mind will question that mouth hygiene and prophylactic dentistry are definitely and closely related to the greatest asset the state or nation possess—viz.: *the good health of its people.*

To the dental profession, primarily, must be given the credit for calling to the attention of the people this great truth. More than a quarter of a century ago pioneers in our profession realized the great importance of oral hygiene and caused the National Dental Association to create a committee known as the "Oral Hygiene Committee of the National Dental Association."

On this committee of pioneers were Dr. Richard Grady of Annapolis; Dr. Corley of Swanee, Tennessee; Dr. Ebersole of Cleveland; Dr. Thompson of Washington, D. C.; Dr. Dameron of St. Louis, and Dr. White of Phelps, N. Y.

Through the influence of these men and others, an organized effort brought forth and placed prominently before the professions interested in health service, the great importance of dental and oral hygiene.

Their claims were rational, and their efforts demonstrated the truth of their claims.

Later, practical "demonstrations" made by Dr. Ebersole in the Cleveland public schools and by Dr. Fones in the public schools at Bridgeport, Connecticut, were conclusive. As was previously stated, no rational mind would argue that oral hygiene is not of the greatest importance in its relation to good health.

In some states, in order to carry on the necessary work, especially in the public schools, it became necessary to provide

assistance, and for this purpose was created the so-called "dental hygienist."

The dental profession of Illinois did not lag in accepting the teachings as related to oral hygiene and prophylactic dentistry.

The influence of the work done by Dr. Ebersole and by Dr. Fones prompted many of the leading dentists in this State to become active in interesting boards of education, city officials and philanthropists, and later establishing clinics for the urgent dental needs of poor children.

The clinics in the three large dental colleges in Chicago likewise did much to help in furthering this most important work.

However, Illinois has not, as have many of the states of this nation, succeeded in enacting a dental hygienist law.

In many respects it seems to be further from doing so than ever.

Let us briefly review the efforts made and endeavor to analyze the causes for not enacting such a law. Perhaps there is a good reason for not desiring dental hygienists of the type licensed to practice in other states which have dental hygienist laws.

Perhaps the large percentage of the graduates of the three dental colleges — (the University of Illinois—the Northwestern University Dental School and the Chicago College of Dental Surgery) who obtain licenses to practice dentistry in this State locate here, and thereby give Illinois a quota of den-

tists entirely out of proportion with most of the states that have no dental colleges.

If the public and private schools need dental hygiene teachers and they no doubt do—perhaps the school nurses and some school teachers could be instructed in summer courses and be granted the privilege of teaching oral hygiene and even conduct dental examinations of a purely practical nature in the schools.

Perhaps, provision can be made for supplying enough well educated dentists to care for the dental clinics in our schools and charitable institutions, etc. It is the belief of your essayist that this can be done.

But first, let us review briefly the history of legislative efforts in connection with creating and licensing dental hygienists in Illinois.

In 1916 the Committee on Legislation of the Illinois State Dental Society prepared a bill and had it introduced in the 1917 Legislature which provided: "That registered nurses may, after receiving proper instruction, clean teeth for children in the public schools and public institutions." In the last ten years no less than six bills providing for the creation of dental hygienists have been introduced and four of the six were created and sponsored by the Illinois State Dental Society's committees on legislation, and be it emphasized that each of these committees labored faithfully, diligently, and earn-

estly to have these bills passed and enacted.

It is a fact that the bill presented by said committee to the 1919 Legislature, known as "House bill 555" which provided for educating and licensing dental hygienists to practice and teach dental hygiene in institutions both public and private, approved by the Department of Registration and Education—(but not to practice in the offices of dentists)—I have been informed passed both house and senate with but a single negative vote.

### Bill Vetoed

This bill, however, failed of enactment because Governor Lowden, upon the recommendation of the attorney general of the state, vetoed it on the ground that the bill granted to the director of registration and education unconstitutional power.

The last bill introduced in 1923 known as "House bill 455" provided in Section 16 that "Certified dental hygienists may be employed by boards of education of public schools, private schools, county boards of health, and public, charitable or industrial institutions, but may practice only under the general supervision of one or more licensed dentists. They may practice dental hygiene in dental offices subject to such reasonable regulations as are prescribed by the department of registration and education but, the number so employed in any dental office

shall not exceed the number of licensed dentists practicing therein. They may also, under the direction and supervision of licensed dentists, act as assistant instructors in schools for the training of dental hygienists. They shall not engage in the practice of dental hygiene except as specified in this section."

The Committee on Legislation that had this last bill introduced, labored more diligently, I am certain, than did any previous committee, but in spite of its most strenuous efforts, it met defeat.

Why did it meet defeat? Primarily because the dental profession in this State is seriously divided on the question of the need of the dental hygienist especially as now generally defined—and the opposition taking a definite and positive stand against the bill.

There were other minor reasons, but as was stated above the *primary* reason for its defeat was vigorous opposition from many honest members in our own profession.

In an endeavor to ascertain the percentage of the members of the state society who favored a hygienist law and the percentage opposed to the dental hygienist, *as now defined*, the secretary of the state society sent to each member of the organization a return post card, which gave a definition of dental hygienist, followed by two questions, namely, First, "Do you favor legalizing dental hygienists to practice in charitable in-

stitutions, public and private schools *only*? Yes ☐, No ☐.

Second, "Do you favor legalizing dental hygienists to practice in the offices of dentists as well as in charitable institutions, public and private schools? Yes ☐, No ☐.

There were about three thousand questionnaires, one sent to each member of our state society with the above two questions. The cards were not to be signed. It was to be a secret ballot. Of the three thousand, one thousand three hundred and forty were received by the secretary. No doubt there would have been more had a third simple question been also submitted—namely, "Do you favor legalizing dental hygienists in this State?" For it can be logically assumed that inasmuch as neither of the questions submitted on the card met with the approval of the voter he would not vote, and also that many did not desire to vote because they had not studied the dental hygienist question.

But the fact remains that out of the three thousand, one thousand three hundred and forty members voted on the two questions. The record shows that the number of votes cast in favor of permitting dental hygienists to practice in charitable institutions and public and private schools *only*, were nine hundred and eighty-two—those cast against this proposition were three hundred and fifty-eight. On the second proposition five hundred and sixty-nine votes were cast

to permit dental hygienists to practice in *dental offices* as well as in charitable institutions, public and private schools and seven hundred and seventy-one votes against this proposition.

Inasmuch as the second proposition included a part of the first proposition, it is evident that many voted double for the total vote shows, one thousand five hundred and fifty-one votes for hygienists, but of this number only five hundred and sixty-nine desired them in dental offices. The total vote against both propositions was one thousand one hundred and twenty-nine. This evidently meaning they did not desire dental hygienists, primarily in the offices. (One thousand five hundred and fifty-one votes for, one thousand one hundred and twenty-nine votes against, and one thousand six hundred and sixty members not voting.) How the vote would have stood had the third question been submitted and the three thousand voted, I leave for your conjecture. Now the questions confront us—what is wrong? Can a remedy be found? or is the dental hygienist as now defined more of a menace than a benefit in the judgment of the profession of this State?

Our latest information indicates that twenty-six of the forty-eight states have enacted laws regulating the practice of dental hygiene, also one of our island possessions—Hawaii. Practically all of these laws are rather uniform in their prescription of what constitutes the practice of

dental hygiene—in other words it is evident that the provisions made in the first hygienists' laws have been widely copied.

The principal prescription in the laws of other states and the bills heretofore introduced in this State is, that, "The practice of dental hygiene consists of the removal of calcareous deposits (accretions) secretions and stains from the exposed surfaces of the human teeth." Please note from the *exposed surfaces* of the human teeth. Our last bill added to this—"And the prescribing and applying of ordinary washes of a soothing character, but does not include the performing of any operation on the teeth or other tissues of the oral cavity." Now, is this prescription too limited? Is the field for the dental hygienist so small that so little benefit can be done that it does not outweigh the injury possible and the *dangers* to the welfare of the people and the profession, which seem plainly manifest to many?

Evidently many inquiring and fair-minded men believe that the old prescriptions are too limited, *providing there is real and urgent need* for assistance in caring for the dental condition of the people of this State. *If there is such need* then dental hygienists should be produced with much better educational qualifications and training than the present dental hygienists laws require, or better still, more dentists need to be produced who are properly quali-

fied to render public health service.

For a clearer understanding let us analyze the definition of—what constitutes the practice of dental hygiene? It is primarily, as now defined in the several states, "The removal of calcareous deposits (accretions) or secretions and stains from the *exposed surfaces* of the human teeth." What does that mean? In healthy persons with normal occlusion. More than ninety (90) per cent of the exposed surfaces of the human teeth, in fact all of the surfaces except a portion of the gingival third and a little of the inter-proximal surfaces, providing there are no pits or fissures or other faults—*automatically cleanse themselves* from disease-producing bacteria.

The secretions, stains and calcareous deposits that gather on children's teeth, that may do harm from the health standpoint, do not by any means affect all children. In the mouths of most healthy, well nourished children the susceptible surfaces to caries outside of pits and fissures are very limited; and in the mouths of children who are under-nourished, anemic and otherwise diseased, and especially if they suffer from mal-occlusion, the "deposits, secretions and stains" would need to be thoroughly removed from the susceptible areas every few hours, night and day, continually until the mouth secretions and mouth flora changed and became normal, to do any appreciable amount of good.

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Surely no reasonable dentist would claim that occasional or even regular periodical visits to a dental hygienist for the removal of deposits, secretions and stains will prevent dental disease in such children. The best care by the most conscientious and expert dentist often fails. Such children need the service of a skilled, conscientious dentist coupled with those of an expert pediatrician.

As regards the privileges of the dental hygienist practicing on adults: most adults naturally attain a considerable degree of immunity to dental caries—perhaps five (5%) per cent or more of the people are naturally immune all through life. So the removal of calcareous deposits, accretions and stains from the exposed surfaces *only* of the teeth of most adults would, as far as preventing dental and oral diseases is concerned be nothing short of criminal—for any thinking dentist knows that it is the calcareous deposits beyond the exposed surfaces of the teeth, often deep, that require skillful removal, that often malocclusion, and traumatic occlusion (so-called), faulty contacts, undue leverage, carious cavities, faulty dental operations, lack of resistance and ill health of the patient, in fact many questions, conditions and complications which the dental hygienist with their present limited knowledge, training, skill and legal restrictions can not give advice for or correct. Therefore, *if there is real and urgent need of assist-*

*ance* on the part of the dental profession through the medium of dental hygienists, their training should be such that they will be qualified to do many things in addition to simply removing calcareous deposits, accretions and stains from the exposed surfaces of the teeth. The legal restrictions should not confine their sphere of usefulness to this most limited degree.

Remember, that in most dental hygienist laws and also the provision in the bills presented to the various legislatures of our state, the restrictions prevent the dental hygienist from doing anything to arrest caries in the pits and fissures of the teeth, or removing calcareous deposits from beneath the gums—the two most potent causes for serious dental disease if neglected.

Of course, these laws and bills were so drafted to prevent the dental hygienist from encroaching upon the operative, prosthetic and therapeutic field of the dentist. It is, however, evident from the vote of the members of the Illinois State Dental Society that they have been influenced by the negative reports on the dental hygienist question coming from men practicing in other states where dental hygienists are legalized, also many men in this State seriously question that dentists employing dental hygienists would cause them to confine their activities to so limited a field. There are also reasons of a more selfish nature, but a most valid and fundamental reason why many

oppose the dental hygienist practicing in dental offices is the unfair and unjust competition the hygienist would make to the more recent dental graduate who spent five to six years in college acquiring a dental degree. The years of effort and monetary expenditures necessary to acquire such a degree justly merit proper protection.

The same line of reasoning would cause those who voted against permitting dental hygienists, of the present type, from practicing in dental offices would, of course, oppose even more strenuously a type of hygienist who was better educated and given a large field of activity.

There is, however, in the opinion of your essayist need for assistance of some kind to *further*, properly, the dental health program undertaken in this State.

The wonderful results accomplished by Dr. Fones at Bridgeport, and similar results reported from many other places, laud most highly the work of the dental hygienist in the public schools.

From the vote referred to above, a large majority of the dentists voting favored the dental hygienist practicing in the public and private schools, and charitable institutions under the supervision of a licensed dentist.

But *we are informed that in this State to so restrict the field of the dental hygienist—if a law was enacted it would be declared unconstitutional.* Thus,

it is evident that another way must be found to procure the assistance needed.

The avenue through which the greatest benefit to the dental health of the people can accrue is through practical dental hygiene teaching in the elementary schools of the State.

The logical persons to do this, are public school teachers, teachers in private schools and graduate school nurses, who have had special training to fit them for this work.

It would be a comparatively easy matter to arrange courses of study of sufficient grade to quickly instruct such school teachers and nurses who would be interested in the fundamentals of mouth hygiene. No class of professional people would fit into this great and most prolific field to better advantage than the school teacher and nurse. They are already a part of our great educational system. They are recognized by all educational systems. They are recognized by all educational authorities—boards of education—principals of schools, etc., and funds are provided for their salaries. Dental hygiene is but a part of the great question of personal hygiene as a whole—all a most important element in maintaining the health of the people of the State.

Certainly no great effort is necessary at this time to properly interest educational authorities to provide the necessary means to properly qualify school teachers and nurses to care for,

in a most effectual manner, the teaching of practical mouth hygiene.

Those who may be skeptical as to whether this is a feasible and practical plan or not—I urge to visit just one exhibit made by the Peoria schools under the guidance of Dr. C. Carroll Smith—then read the reports of Dr. Smith on his work in the Peoria schools: no greater argument is necessary to convince any fair-minded man.

What Dr. Smith is doing in the Peoria schools can be at least closely followed by others and immeasurable good come therefrom.

Through this great avenue the principles of mouth hygiene can be most successfully taught. Of course, the other agencies that are now operating and producing most commendable results—such as the public press—dental societies and dental clinics—movie films, lectures—printed matter, radio, etc., etc., all need to continue to disseminate the importance of oral hygiene and its relation to good health—and while we of course are naturally more interested in the dental phase of the subject, *the whole great subject of hygiene, together with that of diet*, needs to be continually impressed upon the minds of the people.

But I hear some saying: How can the needs of the people, and especially the dental needs of the poor children be served in a clinical way?

The very rapid advance in the requirements, both educational

and monetary, have prevented and are preventing many worthy young men and women from attempting a dental college course.

Its cost is almost prohibitive to any but the well-to-do.

Many bright young people in this State would be grateful for an opportunity to take up the study of dentistry after graduating from high school had they the means to enter college and continue in their studies until they were licensed to practice dentistry. For some of these young men and women some provision should be made which will permit them to enter this field—and the State of Illinois, which does need help in properly caring for the dental needs of the inmates of its charitable and penal institutions and more, in particular, in the public schools—especially the children of the poor, should provide the means for properly educating these young men and women.

Several years ago the writer discussed this phase of the subject with Dr. F. B. Noyes, dean of the College of Dentistry of the University of Illinois, who felt as does your essayist, that the State should by competitive examinations, conducted by the State University, select each year a few young men and women who prove to be desirable and capable, to enter the profession of dentistry and that special training be given them to properly qualify for the state public health service.

The State should educate these young men and women—a

*limited number each year—free of charge.*

For their living expenses funds should be provided and loaned to them.

These young men and women must, of course, agree that if found qualified after graduating, they will enter the field of public service and remain in it for a specified time, at least five years.

They should, of course, be required to give bond that this will be done and that they will repay the money loaned to them from the salary they are to receive when employed in public health service. The necessary provisions with the Department of Registration and Education—the State Superintendent of Public Instruction and the State University must of course be consummated and if new legislation is necessary a bill should be prepared. Furthermore, the Northwestern University Dental

School and the Chicago College of Dental Surgery—if they desire—should be given opportunity to assist in educating such young men and women.

In this manner the required quota of well qualified, licensed dentists, with special training for the type of work demanded of them, can be produced. It will take somewhat longer than to produce the type of dental hygienist now employed in many states, but the difference in the product is surely worth waiting for—there can be no comparison between them. One, comparatively uneducated, limited to a ridiculous degree in her sphere of usefulness; the other a well educated, professional man or woman, unlimited in the field of dental health service and a graduate in dentistry, who would be warmly welcomed by the dental profession and by the people of Illinois.

### To All Pedodontists

To enhance our general knowledge of children's dentistry and to more easily disseminate this knowledge to the profession and public at large, we are anxious to get in touch with all the pedodontists.

If you are limiting your practice to this phase of dentistry, please forward your address to the Detroit Pedodontic Society, 412 Kresge Bldg., Detroit, Mich.

SAMUEL D. HARRIS, D.D.S., Secretary.

### More Than One Thousand

*clinicians have been invited to participate in Detroit meeting next October.*



## Facts and Fancies Down in Dixie



By EDDIE KELLS

### "Pay as You Chew"

I RECKON that "Pay as you ride" is a slogan the world over, or at least all over the world where Fords ride.

"Pay as you wear" has also been an incentive to lots of folks to wear better clothes than they really could afford.

Right here and right now I present you with a new slogan, "Pay as you chew," and, "believe me," this is one that interests the dentist a lot more than the "ride" and the "wear" ever did.\*

I hope that the most of you haven't heard about this "Pay as you chew" business, because I want to let you in on it.

This is the game, according to the Chicago financing company:

1. The patient goes to the dentist for a consultation.

2. Dentist says that it will cost, let's say \$500, to put his mouth in condition.

3. Patient says, "I haven't that much money. Will you trust me?"

4. Dentist says, "Hardly. I haven't sufficient capital with which to carry my patients; but

5. "If you will go to the P.D.Q. Finance Company it will lend you the \$500 with which you can pay me."

6. The patient goes to the P.D.Q. Company, makes the proper arrangements, and the P.D.Q. Company sends you \$475.00 (\$500, less 5 per cent commission) and you get all this money *before you do a lick of work*.† What a cinch! Can you beat that!

7. "Pay as you chew," the dentist's millennium is at hand.

\*I learned this from Hart Goslee's *Craftsman*.

†The patient borrows this \$500 from the P. D. Q. Company, giving 7 per cent interest bearing notes, in sums to suit. Some stunt, is it not?

# EDITORIALS

REA PROCTOR McGEE, D.D.S., M.D., Editor

Manuscripts and letters to the Editor should be addressed to him at 714 Hollywood Security Bldg., Los Angeles, California. All business correspondence and routine editorial correspondence should be addressed to the Publication Office of Oral Hygiene, Pittsburgh, Penna.



## The Jig-Saw Puzzle

CHAPIN A. HARRIS and his associates, in the founding of the Baltimore College of Dental Surgery, had no constructive desire to tear dentistry away from medicine and to make of it a separate profession. Their action was the result of the stupidity of the leaders in medicine who refused to allow those who desired to specialize upon the mouth the medical recognition which was their due.

At that time medical ignorance was colossal and dentistry was mostly a hazy idea.

No man could foresee the great developments of the early twentieth century; few if any could visualize the urgent necessity of intimate co-operation between those who treat the mouth and those who treat the rest of the body.

So few of the great facts of Nature were then known that the sciences of the human

body were like a jig-saw puzzle. All of the facts were there but only a few were recognized and those were merely commercial knowledge. Relationship had not been effected—like the pieces of a jig-saw puzzle mixed upon a table were the known and unknown factors of health and disease.

So dentistry and medicine sat down to work out the picture—each laboriously taking a piece and trying to fit it to something else. So many pieces were to be fitted into the picture that it seemed of little consequence if a few parts were missing here and there. So dentistry took a small portion away from the general heap and attempted to work out her own puzzle.

It mattered little for many years until medicine with her wide scope and dentistry with her narrower horizon began to discover the real design of Nature.

Presently each of the professions observed that, to make the picture, some of the pieces from the other fellow's pile were necessary.

Then from semi-hostile separation there came a gradual exchange and both began to realize that one cannot complete the picture without the other.

The human body is a unit—not the accidental attachment of two separate entities.

The mouth can no more be considered separate from the rest of the human economy than can the rest of the body be considered separate from the mouth.

Whether we will or not, the intensive de-

sire of humanity for health and life will drive us together. Growing intelligence and economic pressure will surely require medicine and dentistry to unite at no far distant time. This reunion will result in benefit to the patient and in advancement of the professions.

The importance of mouth pathology in its relation to general pathology is so intimate that the diagnosis and treatment of disease must be retarded by artificial barriers until there comes that free interchange of science, skill and art that is only possible in a unified profession.

### Heredity—Achievement

**M**OST of our older dentists were pioneers in their field. They worked alone. They had courage, faith in themselves, resource, devotion, energy, endurance, unselfishness, public spirit, and that wonderful attribute of our highest civilization—the sporting instinct, the ability to play the game according to the rules.

A dentist of this type was the Grandfather of Charles A. Lindbergh—the lone flyer who was the first and, so far, the only person to cross the Atlantic in an airplane alone.

The sudden rise to fame of so young a man is enough to strain the mental processes. Lindbergh's poise and good sense, in the midst of the adulation of the Western world, is as great a tribute to his character as was his

bravery and skill in negotiating the airway over the ocean.

Since the invention of the airplane, Lindbergh's flight is the greatest achievement.

This successful event must mark the start of international air mail routes.

The next great advance will be the elimination of the running take-off and landing. When the airplane can rise and alight in a reasonable space the problem will be almost solved.

Let us all join in the appreciation of Lindbergh's achievement and be thankful that the time has not yet come when aviators must have two years' preliminary college work and four years' technical work before they can be licensed.

The great pioneers of air, land and sea have been men of independent thought and action to such a degree that most faculties would have found them incompatible.

Colonel Lindbergh—in the memory of your Grandfather—ORAL HYGIENE salutes you!





# LAFFODONTIA



If you have a story that appeals to you as funny, send it in to the editor. He may print it—but he won't send it back.

On the verge of bankruptcy a distracted business man was amazed by his wife's announcement that she could help him out with \$100,000 she had secretly saved.

"Where in the world did you get all that money?" he demanded in pleased astonishment.

"Why," said she, "every time you kissed me I put a dollar in the saving fund."

"Good night!" he ejaculated. "If I had done all my kissing at home, I'd be a millionaire!"

The idea that "you can't have your cake and eat it" probably originated at sea in bad weather.

She took the darling on her knee;  
How beautiful a mother's love;  
She kissed the ugly wooly dog  
And called it "little dove."

She laid the brat across her knee;  
How just a mother's wrath;  
She shook the pretty little babe  
And smacked it with a lath.

A friend of ORAL HYGIENE tells of a certain good friend of his who had been entertained, but not very entertaining the evening before, and who had been very much "blotto." He was holding his aching head next morning, when the cat walked across the room and he remarked, "For God's sake, Cat, don't stamp your feet so!"

Dora: "I want a pair of bloomers to wear around my gymnasium."

Salesman: "Yes, ma'am! And what size is your gymnasium?"

"When he refused to marry her did she take it to heart?"

"No; she took it to court."

Dentist: "I can't permit such long-winded 'phone conversations with friends during office hours."

Assistant: "But this was a—er—business call."

"Well, then, don't address any of my patients 'Honey Bunch.'"

Hardware Dealer: "What kind of pruning shears do you want?"

Young Wife: "Oh, any kind—just so I can open a can of prunes with them."

Salesman—"Here is a very nice pistol, lady. It shoots nine times."

Fair Customer—"Say, what do you think I am—a polygamist?"

"Now why do you want to divorce this man?" inquired the judge of a tearful wife.

"Well you see, your honor, he made me wash his back every Saturday night."

"What," interrupted the judge, "Do you call that grounds for divorce?"

"No your honor, but last Saturday night his back was already washed."